

DSCYF BUDGET FORM**A Separate Budget Form Must be Filled Out for Each Service/Facility in the Contract**

Agency: Your Provider Here
Service/Facility:
Prepared by: Name of Preparer
Contract Term: 00/00/00-00/00/00

	Allocation
Contract Budget	% allocated to DSCYF contract

LINE ITEM

Expense Item

1 SALARIES:

	\$0
Subtotal (1a):	\$0

2 OTHER EMPLOYMENT COSTS:

a. Unemployment Compensation	\$0
b. Pensions	\$0
c. Health Insurance	\$0
d. Workmen's Compensation	\$0
e. FICA	\$0
f. Other Benefits (specify in narrative)	\$0
Subtotal (2a-f):	\$0

3 TRAVEL:

a. Mileage	\$0
b. Common Carrier	\$0
c. Meals	\$0
d. Lodging	\$0
e. Other Travel (specify in narrative)	\$0
Subtotal (3a-e):	\$0

4 CONTRACTUAL SERVICES:

a. Other Professional Services	\$0
b. Postage & Freight	\$0
c. Telephone	\$0
d. Utilities	\$0
e. Insurance	\$0
f. Rental/Mortgage -Building/Office/Land	\$0
g. Use Allowance and Depreciation	\$0
for f. & g. identify the cost per sq. ft. for rental properties in narrative	
h. Rental - Equipment	\$0
I. Repair/Servicing/Maintenance	\$0
j. Printing and Binding	\$0
k. Association Dues and Conference Fees	\$0
l. Advertising	\$0
m. Other Contractual Services	\$0
Subtotal (4a-m):	\$0

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a. Food	\$0
b. Linens & Blankets	\$0
c. Stationery/Office Supplies	\$0
d. Housekeeping Supplies	\$0
e. Educational, Recreational, Cultural Supplies and Subscriptions	\$0
f. Motor Vehicle - Accessories, Tires, Parts, Motor Oil/Grease	\$0
g. Gasoline	\$0
h. Other Supplies/Materials (specify in narrative)	\$0
Subtotal (5a-h):	\$0

6 CAPITAL OUTLAY/EQUIPMENT:

a. Capital Outlay/Equipment	\$15,000
Subtotal (6a):	\$15,000

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Direct Service Budget Subtotal	\$15,000
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7 ADMINISTRATION COSTS:**PERSONNEL COSTS:**

a. Salaries	\$0
b. Unemployment Compensation	\$0
c. Pensions	\$0
d. Health Insurance	\$0
e. Workmen's Compensation	\$0
f. FICA	\$0
g. Other Benefits (specify in narrative)	\$0
h. Other Support costs (specify in narrative, including cost per sq. ft. for buildings)	\$0
i. Agency local office administrative costs allocated to DSCYF contracted programs	\$0
	\$0
j. Agency central office administrative costs allocated to DSCYF contracted programs	\$0
Subtotal (7a-j):	\$0

8 BUDGET TOTAL

Total (1-7)	\$15,000
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Agencies are encouraged to use the disk provided by DSCYF to submit the budget form as an electronic file in addition to the hardcopy form as part of the contract proposal. See your contract manager if you did not receive a disk with an electronic file of this spreadsheet and would like one.